

Chelan-Douglas Health District  
200 Valley Mall Parkway  
E. Wenatchee, WA 98802  
(509) 886-6450

**APPLICATION FOR SITE EVALUATION**  
(This is not a permit)

\_\_\_\_ Septic only \_\_\_\_\_  
\_\_\_\_ Water supply \_\_\_\_\_  
\_\_\_\_ Both \_\_\_\_\_

DATE: \_\_\_\_\_

NAME AND MAILING ADDRESS OF APPLICANT:

NAME AND MAILING ADDRESS OF PROPERTY OWNER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE (Days): \_\_\_\_\_

TELEPHONE (Days): \_\_\_\_\_

**IDENTIFICATION OF PROPERTY TO BE EVALUATED:**

COUNTY: \_\_\_\_\_

ASSESSOR'S PARCEL NO. \_\_\_\_\_

LEGAL DESCRIPTION (Give subdivision, lot, block, or attach Metes and Bounds):

STREET ADDRESS: \_\_\_\_\_

**DRIVING**

**DIRECTIONS:** \_\_\_\_\_

**TEST HOLES:**

Successful design of a septic system requires knowledge of subsoil condition best obtained by examination of a set of test holes dug by a backhoe to a depth of six feet or deeper if the site will be cut or filled. In areas that may be subject to high ground water tables in the Spring or during irrigation season, test hole monitoring may be required during the high ground water season.

Please have your backhoe operator contact the Health District to set up an appointment to inspect the test holes.

**WATER SUPPLY:**

SOURCE OF DRINKING WATER:

\_\_\_\_ Public. System name: \_\_\_\_\_

\_\_\_\_ Private. No. of homes: \_\_\_\_ One \_\_\_\_ Two.

Before a building permit can be issued, you must show evidence of an adequate water supply. If the property is to be served by a private water system, please show the well site on the plot plan, even if the well has not been drilled yet. Also, show all potential contamination sources within 100 feet of the source (200 feet for springs), and show the distance between the source and the property lines. You will need to control all property within 100 feet of the well, or 200 feet of the spring by ownership or **Restrictive Covenant**. If the well is to be shared between two parcels, a **Joint Use and Maintenance Agreement** is required.

Source is: \_\_\_\_ Existing \_\_\_\_ Proposed

\_\_\_\_ Drilled well \_\_\_\_ Dug well \_\_\_\_ Spring \_\_\_\_ Surface water.

The following items must also be submitted for the source listed:

\_\_\_\_ Bacteriological test results (wells and springs)  
\_\_\_\_ Nitrate test results (all sources)  
\_\_\_\_ Well log and/or pump test (wells and springs)  
\_\_\_\_ DOE Water Right (springs and surface water)  
\_\_\_\_ Method of disinfection and filtration. This is required for springs and surface water sources and for wells that cannot obtain satisfactory bacteriological samples.

**TYPE OF USE:**

\_\_\_\_ Residential (single family). Number of Bedrooms: \_\_\_\_\_

\_\_\_\_ Commercial or Multi-family. Describe number of bedrooms, units, employees, shifts, type of business, etc.

**KNOWN ENCUMBRANCES** (Neighbor's wells, easements, covenants, flood zones, etc.):

\_\_\_\_\_  
(Applicants Signature)

**Legal Description of Property:**

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**PLOT PLAN. PLEASE SHOW:**

Property lines with dimensions  
Adjacent streets and roads  
Buildings - proposed and existing  
Driveways  
Water lines and wells, including  
neighbor's wells  
Septic tank and drainfield area  
Surface waters  
Existing easements, other encumbrances  
Proposed well/spring site, with distance to  
property lines

**DO NOT WRITE BELOW THIS LINE**

**SITE EVALUATION REPORT**

**FOR OFFICIAL USE ONLY**

Please note: **This is not a permit.** A permit to install the system must be applied for and obtained before beginning construction of the system. Evidence of an adequate water supply is required, as described on the other side of this application form.

**Soil log(s):**

- ☐ This property appears suitable for placement of a conventional gravity system with the following design features. Depths are measured from existing grade.  
Maximum trench depth \_\_\_\_\_ inches as measured on the UPHILL side of the trench; minimum trench depth \_\_\_\_\_ inches as measured on the DOWNHILL side of the trench.  
Minimum total trench length \_\_\_\_\_ feet, if the trench width is at least \_\_\_\_\_ inches. Other configurations may be applicable. Drainfields must be installed along the contours of the slope (LEVEL).
- ☐ This property appears suitable for placement of an alternative system. Please refer to the attached letter for details.
- ☐ Please refer to the attached letter.

**WATER SUPPLY REPORT:**

☐

Adequate

☐

Please refer to the attached letter.

BY: \_\_\_\_\_

DATE: \_\_\_\_\_